

SHARE

STATE OF NEW MEXICO

DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

905

VENDOR #

DATE 02/24/2012

Payee

\$ 405.00



Fund / Agency

000 66500

Document Number

AP 00283433

B4R

COD3

B4RCOD3

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsofDate 02/22/2012

Voucher	Vchr	VchrLineDescr	Distr	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
Number	Line		Line#	Description			WithHold	Year / Month			
00283433	2	IS Meals & Lodging	1	542200	Employee I/S Meals & L	06101	MCGRATH BR-001	2012 / 02	0000084457	McGrath, Bradley	405.00
										Total For Voucher	405.00

RECEIVED
FEB 22 2012
DFA
FINANCIAL CONTROL

FCD
Bureau
2012

AGENCY

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE

1

DATE

2/9/2012

AGENCY

Code

VOUCHER NUMBER 00283433

66500

NAME	Bradley McGrath	CAR LICENSE NUMBER	GS02228	POST OF DUTY	Santa Fe, NM	PROPOSED (ADVANCE VOUCHER)	<input type="checkbox"/>
VENDOR NUMBER		MODEL	Fusion	RESIDENCE	Roswell, NM	ACTUAL (RECOUPMENT VOUCHER)	<input checked="" type="checkbox"/>
REG. WORK DAY	8 AM - 5 PM	YEAR	2011				

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS PARTY CONTACTED AND MISCELLANEOUS INFORMATION	ODOMETER/MAP MILES		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START & FINISH	NO OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	AMOUNTS
2/8/2012	2:00 PM		Departed Roswell, NM to Santa Fe, NM. Overnight.				\$ 135.00	✓	135.00
2/9/2012			Meet with HR concerning Investigation Overnight.				\$ 135.00	✓	135.00
2/10/2012			Meet with HR concerning investigation Meet with Jim Green and Dr. Torres. Overnight.				\$ 135.00	✓	135.00
2/11/2012		2:00 PM	Departed Santa Fe, NM to return to Roswell, NM.						

Per Diem is Based on (Check One)

ACTUAL EXPENSES

APPROVED RATES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

☒

Employee Signature Date

TOTALS

0

0.00

405.00

0.00

405.00

ADVANCE AMOUNTS
60%

ADJUSTED

REIMBURSEMENT

☒

Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act

I

(TYPE PAYEE NAME)

I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND

COMPLIES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT

PAYEE SIGN HERE

DATE 2/11/2012

[illegible]

ORACLE

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Business Unit: 66500

Voucher ID: 00283433

Voucher Style: Regular

Invoice Number: McGrath, Bradley

Invoice Date: 02/09/2012

Total: 405 00

Vendor: MCGRATH, BRADLEY K

OFFICE OF FACILITIES MANAGEMENT

SANTA FE, NM 87502

*Pay Terms:

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Payment Information

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First 1 of 1 Last

Scheduled Payment:

1

*Remit to:

Location:

001

*Address:

1

MCGRATH, BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
1190 S ST FRANCIS DR SUITE N-3059
SANTA FE, NM 87502

Gross Amount:

405 00 USD

Discount:

0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due:

02/09/2012

Net Due:

02/09/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: CHK Check

Message: *****HOLD PAYMENT/ DEPT OF HEALTH*****

Message will appear on remittance advice.

Pay Group:

*Handling:

RE

*Netting:

N

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ORIGINAL

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2-11-64

4-1-64

4-1-64

1470150

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Business Unit: 66500 Invoice Number: McGrath, Bradley
Voucher ID: 00283433 Invoice Date: 02/09/2012
Voucher Style: Regular Total: 405 00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross

Match Action

*Status: Matched
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRRNT  Exchange Rate: 1 00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☒ Automatically Apply Prepayment ☐ Postpone Withholding


Letter of Credit

Letter of Credit ID: 

Tax Group

Tax Group:

Tax Payment Type Code:

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